

Prepared Testimony and
Statement for the Record of

James Keller, M.D. MHSA

**Vice President Medical Management, Maternal Fetal Medicine,
Advocate Children's Hospital
Interim Chief Medical Officer, Advocate Lutheran General Hospital**

A Non-Partisan Congressional Maternal Health Field Inquiry

August 20, 2019

Before the

**Congressional Black Caucus Health Brain Trust
Chairwoman Robin Kelly**

Chairwoman Kelly, Congressman Casten, State Senator Castro and Representative Flowers, thank you for the opportunity to testify and for allowing Advocate Christ Medical Center and Advocate Children's Hospital to host this important hearing today.

My name is Dr. James Keller, and I am the Vice President, Medical Management for Maternal Fetal Medicine, at Advocate Children's Hospital and Interim Chief Medical Officer, at Advocate Lutheran General Hospital of the newly created Advocate Aurora Health.

Both Legacy organizations of Advocate Aurora, Advocate Health Care in Illinois and Aurora Health Care in Wisconsin have been and continue to be committed to improving maternal health outcomes, focused specifically on eliminating preventable maternal mortality and serious maternal morbidity.

We are excited that the merger of our two safety-focused organizations have allowed us to share best practices and resources as we move toward improving the health care of the women we are so privileged to serve. Both organizations have been significantly involved in the work of the Alliance for Innovation for Maternal Health (AIM), via two different tracks. Aurora leaders have participated

in AIM through local and national chapters of ACOG, while Advocate leaders have worked through the Illinois Perinatal Quality Collaborative - so capably led by Dr. Ann Borders, who I am privileged to share this panel with, to achieve the goals of the AIM program. Advocate Aurora physicians have served on the Clinical Leadership Team for many of the initiatives the Collaborative has focused on.

With more women dying in the U.S. from pregnancy-related complications than in any other developed country¹ and with black women three to four times more likely to die from a pregnancy-related complication than non-Hispanic white women,² the time is now to act. We need to take aggressive steps to address to this health crisis.

I wish to bring to your attention two areas in which we feel the Congress should prioritize and invest not only their attention but also federal dollars:

First, we need to support innovative programs which address root causes of health care disparities.

While participating in initiatives which reduce mortality and serious morbidity in all patients will positively affect the black community, Advocate Aurora recognizes the unique challenges of addressing the great disparity in outcomes experienced by black mothers. The increased morbidity and mortality experienced by black mothers occurs even in those black mothers who are neither economically or educationally disadvantaged. The toxic stress to the black population so eloquently described in the findings of Representative Kelly's legislation, the MOMMA Act, can create a sense of isolation which could hinder the provision of effective prenatal care. In order to help support those most vulnerable to the stress of pregnancy and parenting, Advocate Aurora has created a Centering Pregnancy Program here at Advocate Christ Medical Center and at other sites across the system. This model utilizes a group prenatal care setting to provide extra time for prenatal support and empowering women with the ability to share

¹ MacDorman, M., Declercq, E., Cabral, H., Morton, C., "Is the United States Maternal Mortality Rate Increasing? Disentangling trends from measurement issues: Short title: U.S. Maternal Mortality Trends." Obstet Gynecol. 2016 Sep; 128(3):447-55.

² Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

common issues and concerns in a nurturing and supportive environment. In partnership with the Illinois Chapter of the March of Dimes, Advocate Children's Hospital sponsored 24 providers (MD/APN/DO) to complete intensive training in the evidence-based Centering Pregnancy™ prenatal education program. This investment catalyzed program rollout, and anchored ongoing technical assistance so that four Advocate care sites (three family medicine and one OB clinic) successfully enrolled and graduated expectant mothers. The first graduating class, now three years out, still meets, maintaining the support and friendship cultivated through pregnancy to help mitigate the stress of parenthood.

Second, we need to expand and provide holistic postpartum care.

The maternal mortality rate is often used as a proxy for the overall health of the population. In this regard, improving provisions of care in pregnancy should elevate the health of the population. One great area with an opportunity to elevate the health of the population is in postpartum care. Many women now lose coverage around 60 days post-delivery. This greatly limits the health care system's ability to leverage the mother's continued interaction with the health care system to improve her health for a subsequent pregnancy, provide support for optimal spacing of pregnancy and most importantly to improve the life long health status of the mother.

An example of the negative impact on the Black and Hispanic community of a short duration of postpartum care coverage is in the development of Type 2 diabetes which is reaching epidemic proportions in this country. Ten percent of pregnancies are affected by gestational diabetes. Hispanic mothers are 50% more likely to develop gestational diabetes than white mothers. It is well known that up to 50% of patients with gestational diabetes will develop Type 2 diabetes within the next five years. The chance of a black woman developing diabetes in this setting is 50% higher than that of a white woman. Our ability to screen and intervene to possibly mitigate the occurrence of this great lifelong health burden is greatly limited with an abbreviated period of coverage.

Advocate Aurora Supports the MOMMA Act

Last but not least, we also request the Congress to support and pass the MOMMA Act which would help to address some of the issues I have discussed today.

Advocate Aurora is a proud sponsor and supporter of Chairwoman Kelly's bill, H.R. 1897, the Mothers and Offspring Mortality and Morbidity Act (MOMMA Act), to combat maternal deaths and near-deaths.

The MOMMA Act will help us to build upon our commitment to address maternal mortality and provide a comprehensive set of policies to improve data collection, disseminate information on effective interventions, and expand access to health care and social services for postpartum women. The legislation would also bolster federal efforts to support states in collecting, standardizing, and sharing maternal mortality and morbidity data.

We also very much appreciate that the MOMMA Act would also permit states to expand coverage under Medicaid, the Children's Health Insurance Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) through the full post-partum period for women which is critical to ensuring access to care.

Chairwoman, we thank you for your leadership in introducing this important legislation to reverse the troubling trajectory in the rates of maternal mortality and morbidity in the United States and we stand ready to partner with you.

Thank you again for the opportunity to testify before you today. I look forward to your questions.